

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Date Stamp (Received)
RECEIVED
APR 22 2015

Permit #:	150094
Date:	4-29-15
Amount Paid:	\$175 429.15
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER					
Owner's Name: Ron & Susan M. Jensen		Mailing Address: 5845 Marked Bay, WI 54873		Telephone: 715 795 2309	
Address of Property: 5845 Marked Road		City/State/Zip: Dunes, WI 54873		Cell Phone:	
Contractor: J. J. J.		Contractor Phone: Plumber:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-0842-44-09-10-405-004-05000	
1/4, 1/4		Gov't Lot 4, Lot(s) 179, CSM Vol & Page 12 A25		Lot(s) No. Block(s) No. Subdivision:	
Section 10, Township 44 N, Range 9 W		Town of: Dunes		Lot Size: 1.633	
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →		Distance Structure is from Shoreline: feet	
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> As Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →		Distance Structure is from Shoreline: feet	
Value at Time of Completion * include donated time & material \$ 13,000		Project		# of Stories and/or basement	
<input checked="" type="checkbox"/> New Construction		<input checked="" type="checkbox"/> 1-Story		<input type="checkbox"/> Seasonal	
<input type="checkbox"/> Addition/Alteration		<input type="checkbox"/> 1-Story + Loft		<input checked="" type="checkbox"/> Year Round	
<input type="checkbox"/> Conversion		<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	
<input type="checkbox"/> Relocate (existing bldg)		<input type="checkbox"/> Basement		<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: C&L	
<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> No Basement		<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
<input type="checkbox"/>		<input type="checkbox"/> Foundation		<input checked="" type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Compost Toilet	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> None	
Existing Structure: (if permit being applied for is relevant to it)		Length: 26		Width: 32	
Proposed Construction:		Length: 26		Width: 32	
Proposed Use		Proposed Structure		What Type of Sewer/Sanitary System is on the property?	
<input checked="" type="checkbox"/> Residential Use		<input type="checkbox"/> Principal Structure (first structure on property)		<input type="checkbox"/> Municipal/City	
<input type="checkbox"/> Commercial Use		<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		<input type="checkbox"/> (New) Sanitary	
<input type="checkbox"/> Municipal Use		<input type="checkbox"/> with Loft		<input type="checkbox"/> Specify Type: C&L	
<input type="checkbox"/>		<input type="checkbox"/> with a Porch		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> with (2nd) Porch		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> with a Deck		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> with (2nd) Deck		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> with Attached Garage		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> Mobile Home (manufactured date)		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> Addition/Alteration (specify)		<input type="checkbox"/>	
<input type="checkbox"/>		<input checked="" type="checkbox"/> Accessory Building (specify) Pole Building		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> Special Use: (explain)		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> Conditional Use: (explain)		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/> Other: (explain)		<input type="checkbox"/>	
Record for Issuance APR 20 2015		Dimensions		Square Footage	
Secretarial Staff		<input type="checkbox"/>		<input type="checkbox"/>	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Ronald Jensen Date 4-21-15
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date
Address to send permit SAME Attach
If you recently purchased the property send your Recorded Deed

Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Att.

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	63+ Feet	Setback from the Lake (ordinary high-water mark)	240 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	30+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	167 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	250 Feet	20% Slope Area on property	Yes No
Setback from the East Lot Line	63 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	130+ Feet	Setback to Well	100+ Feet
Setback to Drain Field	100+ Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

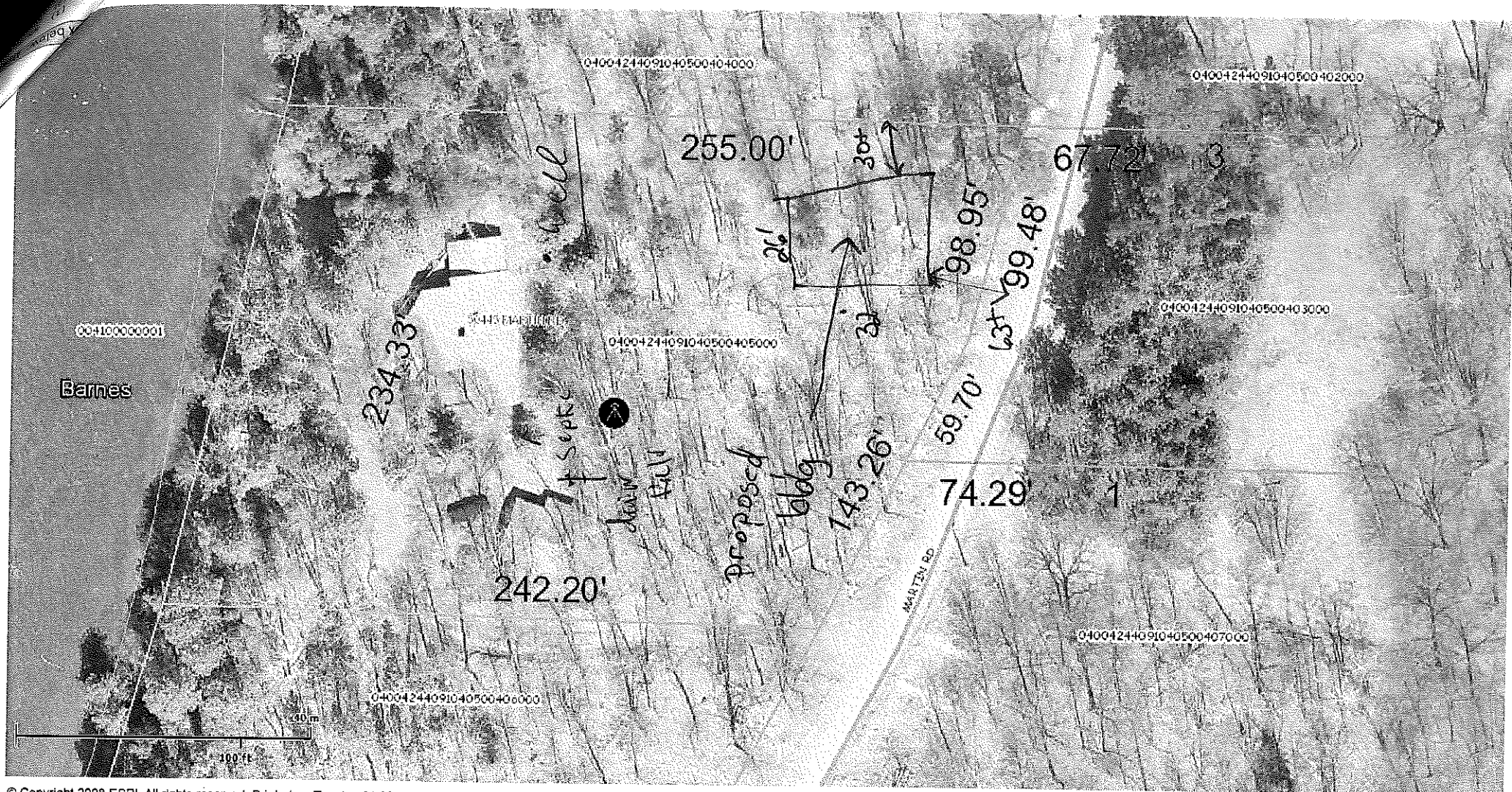
- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:					
Permit #: 15-0094	Permit Date: 4-29-15					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	Case #:			Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:						
Date of Inspection: 4-21-15	Inspected by: M. Furtado	Zoning District: (R1)	Lakes Classification: (1)	Date of Re-Inspection:		
Conditions: Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, they need to be attached.)						
May not be used for human habitation. No water under pressure in structure. No plan being furnished in structural.						
Signature of Inspector: Michael Gutsch						Date of Approval: 4-28-15
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Required)
APR 23 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 15-0098
Date: 4-30-15
Amount Paid: \$754.30
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Wyatt Timothy Badre et al		Mailing Address: 3128 20 th St.		City/State/Zip: Wilsom, WI 54027		Telephone: 226-2870		Cell Phone:		Plumber Phone: 715-580-0140		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address of Property: 51725 Pease Rd		City/State/Zip: Barnes, WI 54873		Contractor Phone: 715-505-1486		Plumber: Nor Pines # 230-722		Agent Mailing Address (include City/State/Zip):		Plumber Phone:		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Contractor: Hager Construction #934192		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Recorded Document: (i.e. Property Ownership) PIN: (23 digits) 040043-44-09-01-204-000-10000 Volume 954		Subdivision:		Page(s) 803			
Authorized Agent: (Person Signing Application on behalf of Owner(s))													
PROJECT LOCATION Legal Description: (Use Tax Statement) N/4 NE SE 1/4, NW 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.	
Section 1, Township 44 N, Range 9 W		Town of: Barnes		Lot Size		Acreage 5.0							

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material \$23,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation					

Existing Structure: (if permit being applied for is relevant to it)	Length: 40	Width: 28	Height: 16
Proposed Construction:	Length: 40	Width: 28	Height: 16

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with Loft	<input type="checkbox"/>		(X)	
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	with a Porch	(X)	
<input type="checkbox"/> with {2 nd } Porch	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with a Deck	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with {2 nd } Deck	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with Attached Garage	(X)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/>		(X)	
<input checked="" type="checkbox"/> Accessory Building (specify)	<input checked="" type="checkbox"/>	pole bldg w/BR+Bath	(28 x 40)	1120
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Other: (explain)	<input type="checkbox"/>		(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. (I/we) acknowledge that (I/we) am (are) responsible for the detail and accuracy of all information (I/we) am (are) providing in or with this application. (I/we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Dana Schell Dan Schell Washburn WI 54805 Date 4-30-15
Address to send permit 3155 Co Rd Q Clear Lake WI 54005
Attach ✓
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

see attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Peace Rd 135 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	95 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	Smith Lake E 190 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	40 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Texas Rd NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	NA Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	50 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 15335	# of bedrooms: 3	Sanitary Date: 4-29-15			
Permit Denied (Date):		Reason for Denial:					
Permit #: 150098		Permit Date: 4-30-15					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:		Well Staked. Metcalf attached.					
Date of Inspection: 4-28-15		Inspected by: M. Furtado		Zoning District (R-2)		Lakes Classification (NA)	
Condition(s) Town, Committee or Board Conditions Attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:			
Signature of Inspector: Michael Furtado		Date of Approval: 4-29-15					
Hold For Sanitary: <input checked="" type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

Quick Zoom

Barksdale

Bayfield County Zoning

X: 677519.64, Y: 362371.57

Current Action: Move Map

Parcel Search

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1153

1154

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SMITH LAKE RD

PEASE RD

1173

1168

5723 PEASE RD

1169

50 m

200 ft

Current theme:
Zoning